

Section I

Covered Services

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908 KAR 2:160. Kentucky Early Intervention Program covered services.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.030, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation sets forth the provisions of covered services under First Steps, Kentucky's Early Intervention Program.

Introduction

This section outlines the services covered under Kentucky's Early Intervention Program, First Steps.

Section 1.

Covered Services.

- (1) Services shall be covered when included and authorized through signature or verified approval on the individual's IFSP developed by an IFSP team which shall include, at least, the family and two (2) professionals as identified in 908 KAR 2:150, Section 1(1)(a)-(p), paraprofessionals as identified in 908 KAR 2:150, Section 1(2)(a)-(f) or service positions as identified in 908 KAR 2:160, Section 1(3)(a)-(d):

Best Practice Guideline: Services are authorized by the IFSP team. Best practice requires the team to be composed of appropriate, qualified persons. The references to regulations pertains to personnel requirements and requirements identified in this regulation.

Best Practice Guideline: Limits to frequency of a service must be adhered to when developing the IFSP therefore, if recommendations for frequencies are greater than the limits, approval to exceed the limits must be received prior to including the increased frequency in the IFSP. The signature or verified approval of each team member is documentation that a valid team has participated in the authorization of services. Best practice dictates that a team consensus make the decisions. The minimum team composition is established in this regulation. The team membership appropriate for participation in the authorization of services consists of those members identified by the ISC or PSC to address the perceived needs of the child and family.

- (a) At least two (2) professionals, paraprofessionals, or service positions shall be from separate agencies or represent different approved providers; and

Best Practice Guideline: It is expected that the professionals, paraprofessionals, or service positions who are considered representatives of approved providers are providing, or are expected to provide, professional services directly to the child. Therefore, the Initial Service Coordinator or Primary Service Coordinator should consider who is involved with the family in a service role and recruit them to join the IFSP team. Examples are the primary care physician who provided the medical evaluation or his/her nurse, the Children With Special Health Care Needs Program case manager, the child's day care Director or others.

- (b) One (1) discipline shall be a licensed medical professional as identified in 908 KAR 2:200, Section 3(2)(e), with the exception of Section 3(2)(e)13 and 14 of 908 KAR 2:200.

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Best Practice Guideline: The exceptions identified are teachers for the deaf and hard of hearing and teachers for the visually impaired. All other disciplines identified in the referenced section are considered medical professionals under this regulation, even though the professional is not normally considered medical.

(2) Services covered shall be:

(a) Service coordination as provided in accordance with 908 KAR 2:110 and 908 KAR 2:140:

1. A child shall have only one (1) designated service coordinator at a given time;
2. Service coordination shall be provided by those identified in 908 KAR 2:150; and
3. Service coordination shall be provided under the limitations of 908 KAR 2:200, Section 4.

(b) Primary evaluation as provided in accordance with 908 KAR 2:120:

1. Primary evaluation shall be considered the first level of a two (2) tier system of evaluation; and
2. Primary evaluation shall be provided by those identified in 908 KAR 2:120 and 908 KAR 2:150;

(c) Intensive team evaluation as provided in accordance with 908 KAR 2:120:

1. Intensive team evaluation shall be considered the second level of a two (2) tier system of evaluation;
2. Intensive team evaluation shall be provided by those identified in 908 KAR 2:120 and 908 KAR 2:150;

(d) Service assessment as provided in accordance with 908 KAR 2:130;

(e) Therapeutic intervention.

1. Therapeutic intervention, defined as face-to-face intervention with the child and caregivers within the context of the environment, includes three (3) types of service:

- a. Individual home or community services which includes intervention provided to the child by a First Steps qualified professional to an eligible child at the child's home or other natural setting in which children under three (3) years of age are typically found (including non-First Steps provider day care centers and family day care homes) under the limitations of 908 KAR 2:200, Section 4; or
- b. Individual office or center-based service which includes intervention provided by First Steps qualified professionals to an eligible child at the professionals office or center site under the limitations of 908 KAR 2:200, Section 4; or
- c. Group intervention which includes the provision of early intervention services by First Steps qualified personnel in a group, defined as the presence of two (2) or more eligible children, at an early intervention professional's site, office, center, home or other community-based setting where children under three (3) years of age are typically found. The group may also include children without disabilities as long as three (3) to (1) ratio of children to staff is maintained. Group intervention shall be provided under the limitations of 908 KAR 2:200, Section 4.

Best Practice Guidelines Natural settings are defined as settings where typical children would generally receive like services.

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2. Disciplines providing therapeutic intervention shall be qualified in accordance with 908 KAR 2:150, and shall include the following:

- a. An audiologist; or
- b. A family therapist; or
- c. A developmental interventionist; or
- d. A developmental associate; or
- e. A developmental assistant; or
- f. A nurse; or
- g. A LPN; or
- h. A health aide; or
- i. A nutritionist; or
- j. A dietician; or
- k. An occupational therapist; or
- l. An occupational therapy assistant; or
- m. An orientation and mobility specialist; or
- n. A physical therapist; or
- o. A physical therapist assistant; or
- p. A psychologist; or
- q. A speech language pathologist; or
- r. A speech language pathologist assistant; or
- s. A licensed social worker; or
- t. A teacher of the visually impaired; or
- u. A teacher of the deaf and hard of hearing;

Best Practice Guideline: In establishing personnel requirements, First Steps draws from existing statutes and regulations. First Steps does not preempt, or in any way exempt, requirements placed on disciplines and professionals by licensing and certification laws.

(f) Integrated disciplines center-based service shall be an intervention provided by an agency that is approved by the department to be qualified to offer services:

- 1. By at least three (3) of the following disciplines working together in a group setting who qualify in accordance with 908 KAR 2:150:

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- a. Developmental interventionist or developmental interventionist associate; or
 - b. Occupational therapist; or
 - c. Physical therapist; or
 - d. Speech therapist;
2. Where all three (3) disciplines shall be scheduled and present, except in routine absences due to sickness or other conflicts;
 3. The disciplines shall give evidence of transdisciplinary planning and practice;
 4. Where children have identified in the IFSP multiple disciplines, with the majority of the group make-up being children who need three (3) or more disciplines, except when approved by the department;
 5. Where each child's record shall have a staff note from each discipline, except a staff note shall not be required from a discipline for those children where the discipline is not identified in the IFSP as needed;

Best Practice Guideline: The practice of Integrated Discipline Center Based (IDCB) does require prior approval in order to ensure appropriate combinations and application of disciplines. Integrated discipline groups are unique and therefore have an aspect of practice that requires more than many settings can provide. The ICDB service is a period of time each week where all the disciplines are blended into every aspect of the experience. In IDCB service no specific discipline is targeted to any specific child because the nature of the group is the blended approach. Individual goals are addressed, even individual activity occurs, but the period is devoted to addressing the child's needs through the skills and approaches of each professional involved so that no distinction is made regarding which discipline addresses the specific needs of each child. One discipline may take the lead at any given time, but always directing the activities back to the team. An individual child may even be pulled out of the group for a brief period to have individual activity during the scheduled IDCB time. The fluid nature of the IDCB allows team members to meet outcomes through integrated activities in the group and individual activity out of the group setting, but always as a part of the team planning and practice.

(g) Collateral service shall be the provision of consultation and planning directed toward the needs of the child with professionals while attending the IFSP meeting, and consultation by and with the child's physician;

Best Practice Guideline: First Steps collateral service is in the context of reimbursement the IFSP meeting for those who are identified as members of the appropriately constituted IFSP team. First Steps collateral service is also reimbursed when one of those identified professionals consults with the child's physician to prepare for the child's IFSP.

(h) Assistive technology in accordance with 908 KAR 2:100 and 908 KAR 2:140;

(i) Respite shall be a service provided to the family of an eligible child for the purpose of providing relief from the care of the child in order to strengthen the family's ability to attend to the child's developmental needs under the limitations of 908 KAR 2:200, Section 4;

(j) Transportation and related cost shall be the costs of travel that are necessary to enable an eligible child to receive early intervention services;

(k) Interpreters shall be used when necessary to assist the family in understanding the services and procedures and shall be reimbursed when:

1. The service is identified on the IFSP;
2. The PSC has identified the vendor and established a link with the billing agent;

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3. The vendor meets the qualifications generally accepted for that role in the community and meets all requirements of the agency who hires the interpreter for that role if an agency is involved.
- (2) Rates for covered services shall be negotiated rates based on reasonable and customary rates for same services or comparable services provided in the community.

Best Practice Guideline: The use of natural resources for the provision of interpreter services should be considered when ever possible. It is recognized that at certain critical times, such as interpreting evaluations, planning, an objective, professional interpreter is needed. However, at many service events a volunteer within the community, or family resource would be most appropriate.